S. No. 2
—11-10-39
. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9355

Registration District No. 791 — 1003 — Primary Registration District No.

Registrar's No. 2838

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5386 Pershing Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 12
(If outside city or town limits write "RURAL")

(d) Street No. 5386 Pershing Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME Lucia Whitbread

8. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. (Month) 5 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
76	4	20	hr. min.

9. Birthplace Quincy (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name James Whitbread

13. Birthplace London (City, town, or county) England (State or foreign country)

14. Maiden name Minnie Rennie

15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. B. Boeschenstein

(b) Address Edwardsville, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-27-40 (Month) (Day) (Year)

(c) Place: burial or cremation Edwardsville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) MAR 27 1940 (Date received local registrar) (b) J. F. Buddeke (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1940 hour one minute P M.

21. I hereby certify that I attended the deceased from 2/10/40, 19, to 3/25, 1940
that I last saw her alive on 3/25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Ac. Pulm. Edema — Duration 1 hr

Due to Chr. Myocarditis — Duration unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Samuel B. Grant (M. D. or other) M.D.

Address 114 N. Taylor Date signed 3/26/40

(Licensed Embalmer's Statement on Reverse Side)

2838

2838

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.